

MISSOURI ETHICS COMMISSION NON-COMMITTEE EXPENDITURE REPORT

1. REPORT DATE | 2. FUNCTION OF REPORT (CHECK ONE) ✓ INDEPENDENT EXPENDITURE STATEMENT (S-1) OR

911

OFFICE USE ONLY

INSTRUCT	IONS ON REVERSE SIE		5-25-16	INTERNAL DISSEMINA REPORT (S-2)	TION		
3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Missouri Insurance Coalition							
4. MAILING ADDRESS 5. TELEPHONE NUMBER							
ADDRESS: 220 Madison St - 3rd Floor					O. TELEFTIONE NOWIBER		
CITY / STATE / ZIP: Jefferson City, MO 65101					573-893-4241		
6. TYPE OF ELECTION (CHECK ONE) PRIMARY GENERAL SPECIAL CAUCUS					7. DATE OF ELECTION	TBD	
8. TYPE OF REPORT (CHECK ONE) INITIAL REPORT REPORT WITHIN 14 DAYS OF ELECTION ADDITIONAL REPORT OTHER							
9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11.CHEC ONE SUPP OP	12. PA	HEDULE OF PENDITURES YEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Initiative Petition 2016-007	Statewide		РО	Leonard Street Box 843052			
			Kansas	City, MO 6418	4	5/24/16	441.60
		-					
			·				
			:				
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)							441.60
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO							
SIGNATURE, OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT DATE							
Missouri Ethics Commission						5	-25-16
MAY 2 6 2016							